


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90098 013 ****61.25

DOCUMENT # 769944					
1. Entity Name PORT ORANGE PRESBYTERIAN CHURCH, INC.					
Principal Place of Business 4662 CLYDE MORRIS BLVD. PORT ORANGE, FL 32129			Mailing Address 4662 CLYDE MORRIS BLVD. PORT ORANGE, FL 32129 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2233064	
Zip		Country		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BRINSLEY, CAROLYN J MRS. 4662 CLYDE MORRIS BLVD. PORT ORANGE, FL 32129				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent					
SIGNATURE _____					
Signature: typed or printed name of registered agent and title (applicable) (NOTE: Registered Agent signature required when registering) DATE					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PT	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUARLES, PAYTON			NAME	
STREET ADDRESS	800 REED CANAL ROAD			STREET ADDRESS	
CITY- ST- ZIP	DAYTONA BEACH, FL 32119			CITY- ST- ZIP	
TITLE	VPT	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORLISS, WALTER			NAME	Dupont, Hewitt
STREET ADDRESS	706 LEWARD WAY			STREET ADDRESS	823 Valencia Road
CITY- ST- ZIP	PORT ORANGE, FL 32129			CITY- ST- ZIP	South Daytona, FL 32119
TITLE	S	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARRETT, DON			NAME	
STREET ADDRESS	5683 SWAN LAKE DRIVE			STREET ADDRESS	
CITY- ST- ZIP	PORT ORANGE, FL 32128			CITY- ST- ZIP	
TITLE	T	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEWITT, DUPONT J			NAME	Nichols, William
STREET ADDRESS	912 S. RIDGEWOOD AVE STE D			STREET ADDRESS	3870 Cardinal Blvd.
CITY- ST- ZIP	DAYTONA BEACH, FL 32114			CITY- ST- ZIP	Daytona Beach, FL 32127
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY- ST- ZIP				CITY- ST- ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY- ST- ZIP				CITY- ST- ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>William Nichols</u> <u>William Nichols</u> <u>1/20/07</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Device Profile					



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